

IN THE UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI

CENTRAL DIVISION

Michael G. Postawko Jr. #533578  
Plaintiff

vs.

Corizon Health, Inc.  
Defendants

Case No. 16-04219-CV-C-NKL-P

PLAINTIFF'S SUBMISSION OF EVIDENCE

The attached articles are submitted as evidence in this case and contain facts relevant to the nature and treatment of ~~\_\_\_\_\_~~ <sup>M.P.</sup> Hepatitis C, and or of inadequate medical ~~\_\_\_\_\_~~ care in Missouri's Prisons. There are six items attached:

- 1) 2 pp., Minnesota DOC Sued Over Failure to Provide New Hepatitis C Treatment Protocol, by Greg Dober - from Prison Legal News, citing International Humanitarian Institute press release (May 26, 2015).
- 2) 2 pp., Lowering the Bar On Hep C Meds, by Ketaki Gokhale, Caroline Chen, Doni Bloomfield (January 11-17, 2016). From HEPATITIS C ONLINE.
- 3) ~~1~~ M.P. 3 pp., What is SOVALDI® (sofosbuvir)?, by Gilead Sciences, Inc., From <http://www.sovaldi.com/about-sovaldi/what-is-sovaldi> (September 14, 2016).
- 4) 4 pp., About HARVONI® (ledipasvir 90 mg / sofosbuvir 400 mg) -

by Gilead Sciences, Inc., From [http://www.harvoni.com/discover-harvoni/about-harvoni?utm\\_medium=coc & utm\\_sourc...](http://www.harvoni.com/discover-harvoni/about-harvoni?utm_medium=coc&utm_sourc...) (September 14, 2016).

5) 2 pp., Hepatitis C Facts, by HEP C HOPE.COM, From <http://www.hepchope.com/rethink-hepatitis-c/facts?gclid=COaozuS8gs4cFQ6PaQodGjgEDg...> (July 20, 2016).

6) 1 p., Candidate For MO Governor Wants to End Mass Incarceration, From Missouri Cure's Summer 2016 Newsletter. See column 2, paragraph 3.

## Minnesota DOC Sued Over Failure to Provide New Hepatitis C Treatment Protocol

by Greg Dober

ON MAY 1, 2015, TWO PRISONERS AT MCF-Stillwater filed a civil rights lawsuit against the Minnesota Department of Corrections, Centurion Managed Care (a division of Centene Corporation), DOC Commissioner Tom Roy and several physicians. The suit alleges that the defendants “refuse to provide the ‘breakthrough’ drug treatment, viz. the hepatitis-C [HCV] treatment community standard-of-care, which will cure Plaintiffs’ HCV infection in three months from its inception.”

According to a press release issued by the International Humanitarian Law Institute, the lawsuit is “the first federal civil rights class action in the nation” to challenge the failure of state prison officials to provide prisoners with a new, more effective hepatitis C treatment protocol.

The plaintiffs, Minnesota state prisoners Ronaldo Ligons and Barry Michaelson, seek to represent a class of similarly situated prisoners. Ligons, incarcerated since 1992, was prescribed the standard 48-week HCV treatment protocol using interferon in 2006. The treatment was not successful. Michaelson initially tested negative for HCV but tested positive for the disease in 2010. The suit states that Michaelson tested positive “only after being double-bunked with a bleeding, HCV-positive cellmate and his exposure to other sources of HCV

in MN DOC facilities.”

The treatment protocol the plaintiffs are seeking eliminates interferon as part of the HCV treatment regimen. Interferon, with a combination of other toxic antiviral drugs, was the standard of care prior to the FDA’s recent approval of a new generation of HCV drugs. The interferon regimen requires 24-48 weeks of treatment time and has a much lower efficacy rate with a larger array of side effects. Because the side effects can be so debilitating, many patients withdraw before completing the treatment.

The new generation of HCV drugs includes sofosbuvir, branded as Sovaldi, marketed by Gilead Sciences. It was approved by the FDA in December 2013 and is prescribed as a once-a-day pill, taken for twelve weeks. Trials indicate that the drug has an 84-96% cure rate with fewer side effects than interferon-based treatment regimens. Its efficacy, however, comes at the cost of \$1,000 per pill. [See: *PLN*, July 2014, p.20].

In their lawsuit, Ligons and Michaelson also request access to two other HCV drugs, Harvoni and Viekira Pak. Harvoni, a formulary drug by Gilead Sciences approved by the FDA in October 2014, combines Sovaldi and ledipasvir. Harvoni achieved cure rates of 94-99% in trials and shortened treatment time to as little as eight weeks. Viekira Pak, marketed by pharma-

ceutical company AbbVie, uses a formulary drug that combines three medications in one pill and is usually taken twice a day for 12 to 24 weeks. In trials, Viekira Pak had an efficacy rate of over 90%. Additional HCV drugs are undergoing final testing, and once approved are expected to lower the cost of the new treatment protocols through competitive pricing.

Ligons and Michaelson argue that the standard of medical care for HCV treatment has changed as a result of the new generation of drugs. The Federal Bureau of Prisons (BOP), Centers for Disease Control, FDA, U.S. Public Health Service and Veterans Administration have recognized this change and are now offering the new HCV drugs.

In May 2014, a BOP clinical practice guidelines report, titled "Interim Guidance for the Management of Chronic Hepatitis C Infection," noted that the use of sofosbuvir (Sovaldi) and simeprevir in combination with peginterferon and/or ribavirin is the "preferred treatment regimen." The BOP, which houses approximately 216,800 prisoners, received a 44% discount by purchasing Sovaldi through a U.S. Department of Veterans Affairs program.

Ligons and Michaelson seek to represent a class of approximately 1,350 Minnesota prisoners, or around 15% of the state's prison system. The proposed class includes those who have not been screened for HCV, those who tested positive but are not receiving the new drug regimens, and prisoners who are HCV-positive but do not know they suffer from the disease and thus have not received treatment. The Minnesota DOC's HCV management guidelines reportedly admit only 7 of 1,500 HCV-positive prisoners for treatment each year.

Because the new HCV drugs are allegedly being denied due to non-medical reasons (i.e., cost) despite being the current standard of care for hepatitis C, the lawsuit argues the DOC's failure to provide the new drugs constitutes deliberate indifference in violation of the Eighth and Fourteenth Amendments. The suit also raises claims under the Americans with Disabilities Act and Rehabilitation Act.

Ligons and Michaelson are represented by attorney Peter Nickitas, litigation director of the International Humanitarian Law Institute. See: *Ligons v. MN Department of Corrections*, U.S.D.C. (D. Minn.), Case No.

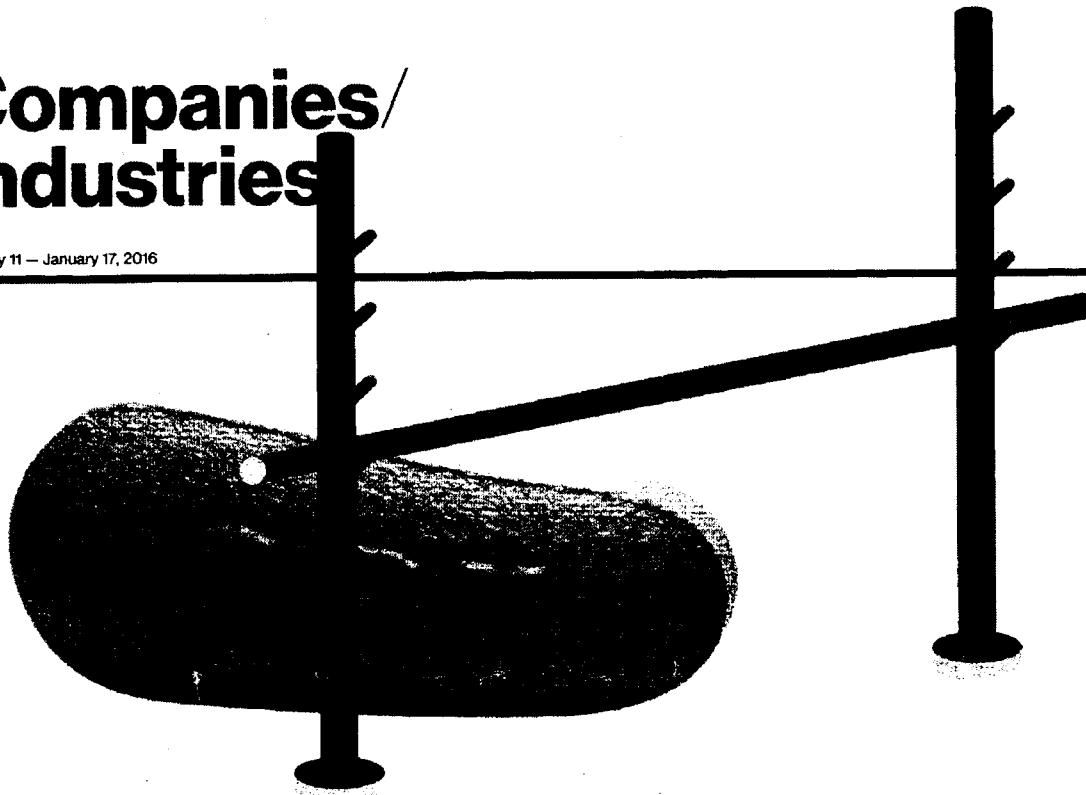
0:15-cv-02210-PJS-BRT.

Litigation over the failure of prison officials to provide access to the new generation of HCV drugs may be a new trend. On June 10, 2015 a similar lawsuit was filed against the Massachusetts DOC, noting that "Over 1,500 state prisoners in Massachusetts have Hepatitis C, but as of the present time only three are being treated for it." The suit seeks class-action status and injunctive relief for HCV screening and adequate treatment for prisoners who are HCV-positive. See: *Paszko v. O'Brien*, U.S.D.C. (D. Mass.), Case No. 1:15-cv-12298-NMG.

Another class-action suit over the ability of prisoners to access the new HCV drugs was filed in Pennsylvania on June 12, 2015. See: *Chimenti v. Penn. DOC*, U.S.D.C. (E.D. Penn.), Case No. 2:15-cv-03333-JP.

PLN will report future developments in these cases. ■

Additional sources: [www.forbes.com](http://www.forbes.com), [www.sovaldi.com](http://www.sovaldi.com), [www.viekira.com](http://www.viekira.com), *International Humanitarian Law Institute press release* (May 26, 2015)



## Lowering the Bar On Hep C Meds

- Competition in India has brought rock-bottom prices for a drug costing \$1,000 per pill in the U.S.
- “It’s a race where one cannot say no—because then they’re going to lose the business”

According to the village elders swapping stories in a tailor’s shop behind the Sikh temple in Lande Rode, India, outsiders don’t want their daughters to marry the local boys, because most village residents are infected with “black jaundice”—what some Indians call hepatitis C. It’s so common in parts of Punjab state that the gossips might not be far off base in their assessment of the local infection rate.

But the prevalence of the debilitating disease, which can result in cirrhosis and liver cancer, may have left Lande Rode with something of an advantage. Drugmakers have made the town one of the unlikely theaters in a battle to grab market share for sofosbuvir, a miracle cure that **Gilead Sciences** sells in the U.S. under the name **Sovaldi** at a retail price of \$1,000 a pill. Gilead in 2015 licensed 11 Indian companies to sell generic versions available for about 1 percent of that amount. In turn, those companies have sealed marketing deals with other local drugmakers. That’s sparked fierce competition

that’s lowered the cost to patients further and spurred thousands to get tested for the malady.

Manufacturers “want more and more patients” and are willing to wheel and deal on price, says Nirmaljeet Malhi, a gastroenterologist at Apollo Hospitals in Ludhiana, about 200 kilometers (124 miles) from Lande Rode. If one drugmaker “agrees to it, the others will also have to. It’s a race where one cannot say no—because then they’re going to lose the business.”

The companies sponsor screening drives, hand out free test kits to hospitals, and offer bulk discounts on the medicine to entire villages. Sofosbuvir was cheap by most any standard when it hit the market in Punjab at \$10 a pill in March. Since then the patient cost has kept dropping, to as low as \$4.29, and doctors predict it will continue to fall.

That’s in stark contrast to the situation in the U.S., where Gilead set off a firestorm in 2013 by listing **Sovaldi** at \$84,000 for a 12-week treatment regimen. The drug often wipes out an

infection in just three months. Still, the cost sparked a backlash over high medicine prices. Dozens of state Medicaid plans limited access to the drug, and a U.S. Senate report chastised the company. Gilead, which has said it priced **Sovaldi** responsibly and thoughtfully, is giving insurers and bulk purchasers discounts.

Like others in the industry, Gilead arranges to make life-saving cures available in some parts of the world for far less than it does in the U.S.; laws in some countries and public pressure brought about so-called tiered pricing after expensive anti-HIV treatments became available in the 1990s, reducing deaths in rich countries but not poor ones. In exchange for a 7 percent cut of sales, Gilead gave companies including **Mylan**, **Cipla**, and **Natco Pharma** rights to make generics for distribution in 101 developing nations where hepatitis C is often untreated and the \$1,000 cost of a single pill is more than locals might earn in a year. The company wants to “foster

competition in the marketplace” in low-income areas, according to Gilead spokesman Nathan Kaiser.

The discount pricing has made sofosbuvir widely available. “The market has become highly competitive in the last six months, with close to 20 companies launching their own” generic versions, says M.V. Ramana, executive vice president and head of branded markets at big Indian drugmaker **Dr. Reddy’s Laboratories**.

The rival sofosbuvir makers are aggressively expanding the customer base. Dr. Reddy’s, for example, set up a venture with lender **Arogya Finance** to offer patients no-interest loans for the medicine, and **Abbott Laboratories** worked with French medical equipment company **Echosens** to supply Indian hospitals with 13 ultrasound machines that determine the level of liver fibrosis, or hardening, without a biopsy—making diagnosis easier.

India’s cheap hep C treatment is also encouraging visits from patients from the U.S. and other countries where the drug is very expensive or rationed by national health systems. While there’s little Gilead can do to prevent medical tourism, it does require that generic sofosbuvir in India be issued under prescriptions written by physicians there and dispensed in the country.

As many as 150 million people have hepatitis C, including at least 12 million in India. It is usually transmitted by tainted medical equipment and dirty syringes. Some of the highest infection rates are in villages such as Lande Rode in Punjab’s cotton-growing Malwa belt, where 30 percent to 50 percent of the population might have the virus, says Gagandeep Goyal, a gastroenterologist at Global Healthcare, a hospital in Bathinda, Punjab’s fifth-largest city.

There are expenses beyond the drug itself. Villagers are encouraged to go to hospitals in cities for exams to gauge the amount of virus in the blood and the exact strain, and for scans to see the amount of liver scarring. At Malhi’s hospital, the charge for a liver scan is 3,500 rupees (\$52.56). He says drugmakers might be persuaded to help defray these costs, too.

“If bulk treatment is required—say,

in a village where 200 people are positive—they might give more favorable pricing to that village for complete treatment,” Malhi says. If he tests 20,000 people and finds 2,000 infected, he says he might be able to negotiate to get the cost of a 12-week course for a single person reduced by a third to \$1,000. “Where in the U.S., you get one pill, here you get an entire treatment,” he says. “People in these villages can afford this—possibly everybody can.”

In Lande Rode, a cluster of concrete houses dotting dirt roads, farmer Baldev Singh reckons 80 percent of the village is infected. He was successfully treated with interferon injections in 2014, before the antiviral pill was available in poor countries. His wife, brother, and 16-year-old nephew have hepatitis C. The nephew is taking sofosbuvir, financed by a loan. But Singh hasn’t had his teenage sons tested yet—and his wife takes an Ayurvedic medicine whose ingredients include capers and wild chicory. Singh says he thinks her viral count is too low to warrant the expense of generic Sovaldi. “And anyway,” he says, “the price is supposed to come down a little more, right?”

—Ketaki Gokhale, with Caroline Chen and Doni Bloomfield

**The bottom line** Generic versions of Gilead’s hepatitis C pill in India can be had for as little as \$4.29, vs. \$1,000 a pill for the branded U.S. drug.



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ABOUT

ABOUT SOVALDI

AM I READY?

GETTING STARTED

FAQs

ANOTHER TREATMENT FOR GENOTYPES 2 AND 3 \*RESTRICTIONS APPLY

In this section: **What is SOVALDI?** / How does SOVALDI work? / Study results  
 / How do I take SOVALDI? / Safety Information

## What is SOVALDI?

SOVALDI is a prescription medicine used with other antiviral medicines to treat chronic (lasting a long time) hepatitis C genotype 1, 2, 3, or 4 infection in adults.

It is not known if SOVALDI is safe and effective in children under 18 years of age.

With SOVALDI, there's hope that you can put Hep C behind you. You may be able to stop thinking about your disease, take the next step, and set a new course.

## Proven to work

- SOVALDI, as part of a combination therapy, has been shown to work for genotypes 1, 2, 3, and 4 in just 12 or 24 weeks, depending on your genotype\*

\*Results are measured 3 months after treatment is completed.

## Simple dosing

•

SOVALDI is a prescription medicine used with other antiviral medicines to treat chronic (lasting a long time) hepatitis C genotype 1, 2, 3, or 4 infection in adults. It is not known if SOVALDI is safe and effective in children under 18 years of age.

## Important Safety Information

### What should I tell my healthcare provider before taking SOVALDI?

- If you have: liver problems other than hepatitis C infection; had a liver transplant; severe kidney problems or are on dialysis; HIV; any other medical condition; are pregnant or plan to become pregnant; or if you are breastfeeding or plan to breastfeed. It is not known if SOVALDI



SOVALDI combination therapy is the first all-oral treatment for genotypes 2 and 3

- SOVALDI is one pill, taken once daily, as part of a combination therapy

## A revolutionary treatment for Hep C

- SOVALDI is sofosbuvir—a breakthrough medicine that directly targets the Hep C virus

## Helping you take the next step

- Whether you've already been prescribed SOVALDI or are just considering it, **Onward™** is here for you. Sign up for **Onward** to get simple step-by-step guides to help you move forward and personalized tips and advice to help you reach your goals

[Sign up today \(/getting-started/support\)](/getting-started/support)

### Next: How does SOVALDI work?

#### SOVALDI Co-pay Coupon

Check eligibility and sign up to save

### How can I get started?

Learn how our team can help

passes into your breast milk.

- If you take amiodarone (Cordarone®, Nexterone®, Pacerone®), rifampin (Rifadin®, Rifamate®, Rifater®), St. John's wort or a product that contains St. John's wort. Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Other medicines may affect how SOVALDI works.

**You should not take SOVALDI if you also take other medicines that contain sofosbuvir (HARVONI®).**

#### What are the most common side effects of SOVALDI?

For SOVALDI used in combination with ribavirin they include tiredness and headache and for SOVALDI used in combination with peginterferon alfa and ribavirin they include the additional side effects of nausea, difficulty sleeping, and low red blood cell count.

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FOR HEALTHCARE PROFESSIONALS

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## Leading the way in Hep C treatment

HARVONI is a prescription medicine used with or without ribavirin to treat chronic (lasting a long time) hepatitis C genotype 1, 4, 5 or 6 infection. It is not known if HARVONI is safe and effective in children under 18 years of age.

In the past, treatment regimens for Hep C genotype 1 were challenging. They often included multiple separate medicines and complicated dosing, and were frequently difficult to tolerate.

Now, there's HARVONI.

HARVONI transformed Hep C treatment as the first cure that's one pill, once a day. There's **no interferon, no complex regimens**.

In clinical studies, **96-99% of patients with Hep C genotype 1 who had no prior treatment** were cured with just **12 weeks** of therapy.\*

If you don't have Hep C genotype 1, 4, 5, or 6, learn about another treatment option that may be right for you.

Cure means the Hep C virus is not detected in the blood when measured three months after treatment is completed.

\*In a study of 865 patients with genotype 1 Hep C and no prior Hep C treatment, with or without advanced liver disease (cirrhosis), 99% (210 out of 213) of those who received HARVONI once daily for 12 weeks were cured. In a separate study of 647 patients with genotype 1 Hep C, with no prior Hep C treatment and without cirrhosis, 96% (208 out of 216) of those who received HARVONI once daily for 12 weeks were cured. These studies did not include patients with liver failure or those who have had a liver transplant.

Have you been treated for Hep C before? See study data for Hep C genotype 1 patients with prior Hep C treatment.

See full HARVONI clinical study results

Thinking about treatment with HARVONI? Sign up for **Onward™** and get free step-by-step guidance to help you get started.

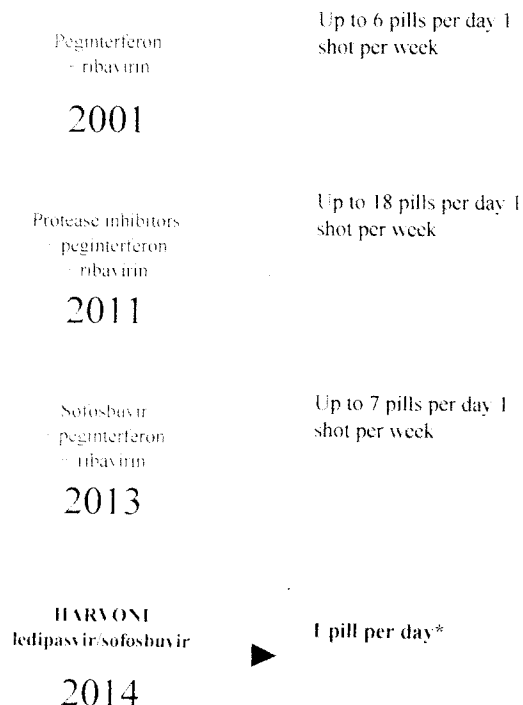
Sign up today

## A clear step forward in Hep C treatment

HARVONI revolutionized Hep C treatment by combining two drugs (ledipasvir and sofosbuvir) into one pill. It works by targeting certain proteins in the Hep C virus to keep it from reproducing in the body. HARVONI is powered by sofosbuvir, a medicine that is

transforming Hep C treatment and now makes possible a clear evolution from past regimens.

## Evolution of Hep C Genotype 1 Therapy (Select Treatments)



\*For the majority of patients

## Knowing your Hep C genotype is important

Just as there are different blood types, there are also different types of Hep C, called genotypes. There are 6 main genotypes, numbered 1 through 6. The most common type in the U.S. is genotype 1.

**Approximately 75% in the US with Hep C have Genotype 1**

If you don't have Hep C genotype 1, 4, 5, or 6, [learn about another treatment option](#) that may be right for you.

Often people don't know the genotype of Hep C that they have. But knowing your type of Hep C is important because it helps your Hep C Specialist choose the right treatment for you. It can also affect the length of your treatment. To learn more about genotypes, reach out to your Hep C Specialist.

HARVONI is a prescription medicine used with or without ribavirin to treat chronic (lasting a long time) hepatitis C genotype 1, 4, 5 or 6 infection. It is not known if HARVONI is safe and effective in children under 18 years of age.

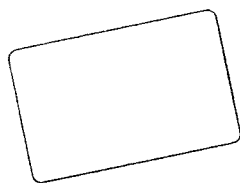
## Important Safety Information

### What should I tell my healthcare provider before taking HARVONI?

- If you have: liver problems other than hepatitis C infection, or have had a liver transplant; severe kidney problems or are on dialysis; HIV, or any other medical condition; or if you are pregnant or breastfeeding or plan to become pregnant or breastfeed. It is not known if HARVONI will harm your unborn baby or pass into your breast milk. If you take HARVONI with ribavirin, you should also read the ribavirin Medication Guide for important pregnancy-related information.
- **Tell your healthcare provider and pharmacist about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. HARVONI and certain other medicines may affect each other, or may cause side effects. Tell your healthcare provider if you take any medicines containing tenofovir disoproxil fumarate (ATRIPLA®, COMPLERA®, STRIBILD®, TRUVADA®, VIREAD®).

### What are the possible side effects of HARVONI?

- HARVONI, when taken with amiodarone (Cordarone®, Nexterone®, Pacerone®), a medicine used to treat certain heart problems, may cause serious side effects, including slow heart rate, which in some cases has led to death or the need for a pacemaker. Get medical help right away if you take amiodarone with HARVONI and get any of the following symptoms: fainting or near-fainting, dizziness or lightheadedness, not feeling well, weakness, extreme tiredness, shortness of breath, chest pains, confusion, or memory problems.
- The most common side effects of HARVONI include tiredness, headache and weakness.



Hear from people who already put Hep C behind them

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HEP C HOPE.COM

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## KNOW THE FACTS

Chronic hepatitis C (Hep C) is a slow-progressing disease, with symptoms that may not appear for years, if at all. It's no wonder Hep C is so often pushed to the back of your mind and almost forgotten.

But here's something that shouldn't be forgotten: Hep C is a serious disease. Even though you may not feel sick, your Hep C can be silently doing harm. And if left untreated, it can lead to liver damage, and potentially even liver cancer.

Hep C affects about **3.5 MILLION PEOPLE IN THE UNITED STATES**, most of whom are baby boomers (born between 1945 and 1965).

Up to **75% of people with Hep C** are unaware that their **LIVERS ARE BEING SLOWLY DAMAGED**. A "silent" disease, Hep C often has no noticeable symptoms for years — or even decades.

The number of **Americans who die from Hep C-related conditions IS INCREASING**. These conditions can include liver disease, cirrhosis, liver failure, or liver cancer.

Hep C is the number one cause of **LIVER CANCER AND LIVER TRANSPLANTS** in the US.

**HEP C CAN BE CURED**. You are considered **cured when the virus cannot be detected in your bloodstream** 3 months after treatment is completed.

...  
Call **888-534-4557**  
*to get live support from a Hep C Educator*

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OPTIONS ▶

In the last few years, scientific advances have made **treatment for Hep C not only SHORTER AND MORE EFFECTIVE** than previously, but also **INJECTION-FREE**.

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## Candidate for MO Governor Wants to End Mass Incarceration

**D**on Fitz is a professor at Washington University teaching Environmental Psychology. He is also head of the **Gateway Greens** and is running for Governor on the Green Party ticket. The Green Party supports ending mass incarceration as a first step in overcoming injustice in law enforcement. The Greens' Missouri platform for criminal justice reform includes the following:

The criminal justice system is not 'broken' but in fact serves the purpose it was designed for. Since the days of *slave patrols* and *chain gangs*, policing and prisons have been the principal means of social control. This needs to change. Ending conditions that create crime, or what is defined as such, is our overall goal as it is the only viable solution.

This will include de-criminalization of all illicit drugs, in order to discourage sale by eliminating the profit margin. Research indicates that most crimes against persons and property are closely correlated to poverty. Building strong communities is the best crime prevention.

**A Green Governor will overhaul "Corrections" into a "Department of Rehabilitation."** Its offices will be de-politicized through election of its public servants. Detention must be justified by a *legitimate* public safety concern and comply with the U.N. Protocol to the Convention Against Torture (OPCAT). A genuine "justice" system is *restorative* rather than *retributive*. Maximum sentence length, retro-actively enacted, shall be 15 years.

- Establish an independent community based Oversight Board with subpoena power in order to address/eliminate human rights violations. An independent Ombudsperson with sufficient resources who will review all prisoner complaints and intervene in cases of institutional abuse/neglect/medical malpractice, to increase accountability
- Exonerate all prisoners who have not received a fair, impartial trial and/or were coerced into plea bargains
- Close down all prisons where fair, racially un-biased, trauma-informed institutional and medical staffing cannot be guaranteed
- Release all non-violent drug offenders, provide access to programs of their

choice without charge, expunge drug offences from prisoner records

- Transform "correctional" drug and sex offender treatment into *culturally sensitive* rehabilitation programs, provided through community based agencies, with integrated focus on Post-Traumatic Stress Disorder (PTSD)

- Parole Board and institutional P.O.s shall mirror the ethnic composition of the prison population, have cultural competency and trauma awareness

- Prisoner health/mental health care shall be provided through qualified, culturally diverse and culturally competent community based professionals and free of charge. Enroll all prisoners in 'MoHealthNet'

- No solitary confinement to last longer than 4 hours. Abolish "Use of Force" and involuntarily medicating of prisoners

- End outsourcing of prison phone services, provide free calls to stay connected with their families

- Abolish the death penalty in Missouri

- Eliminate the Prison Litigation Reform Act

### A Green Governor will support Re-entry and prevent Recidivism:

Regardless of the length of sentence, individuals shall be released if they become permanently physically incapacitated and are no longer a risk to the community. There shall be a presumption of parole at the earliest release date. Release decisions shall be based upon validated, dynamic risk assessments and performance (including therapy) while incarcerated. The nature of the offense of conviction and criminal history shall not be a factor other than the impact they may have on the outcome of a risk assessment. Lack of programming staff shall not be used as rationale to delay release.

Based upon validated risk assessment results, persons who have not completed programming through no fault of

their own shall be released to the community where they shall receive community treatment and monitoring to ensure their successful re-entry without charge. Everyone past his or her minimum release date shall have an opportunity for release annually. No one shall be denied release because of a pending appeal or for lack of a home placement. If the individual is not able to live with family members, adequate housing shall be provided outside of the prison system.

- No fee ("intervention fee") shall be charged by the state for probation or parole services. This is the responsibility of the state government.

- Licensing restrictions shall be imposed only if there is a strong correlation between the crime(s) committed and the activity being licensed.

- Anyone released from a prison shall have access to a re-entry program for assistance with housing, transportation, job searching, health care, and other needs.

- Incarceration shall not be extended through mechanisms such as civil commitment, lifetime parole, or home confinement. No individual shall be subject to residency restrictions.

- Community supervision, in the form of probation, parole, or registration shall be imposed only if a dynamic risk assessment indicates it is warranted.

- Persons shall be listed on police registries only if they screen high risk on a dynamic risk instrument. There shall be no public registry.

- Social security, veteran's benefits, pension payments, etc. shall be available to the person leaving the prison system.



*You may have noticed that some of the above points are similar or identical to those in CURE's "Expectation for a Justice System." This is no accident. We were consulted for our ideas prior to the drafting of the Green platform for Missouri.*

*Space prohibits printing the entire summary, which includes overhauling policing and strengthening Missourians' Civil and Human Rights as well as an overhauling of the Court system. ♦*



## Certificate of Service

I hereby certify that on October 13, 2016 I did submit a copy of the foregoing to the prison's librarian to be filed with the Clerk of the Court using the CM/ECF electronic filing system, and put a copy of the foregoing in the prison's mailbox for U.S. Postal Service to:

Eckenrode-Maupin  
11477 Old Cabin Road  
Suite 110  
St. Louis, Mo. 63141

## STATEMENT OF AFFIDAVIT

I swear under penalty of the laws of the United States that the foregoing submissions are exactly as they, and what they proclaim to be, and are accurate copies and are authentic.

Executed on October 13, 2016

Michael G. Postawko Jr.  
Michael G. Postawko

Michael G. Postawko Jr.  
Michael G. Postawko Jr.  
# 533578  
Jefferson City Corr. Ctr.  
8200 No More Victims Rd.  
Jefferson City, Mo. 65101-4539

Subscribed and sworn to before me this 13 day  
of Oct in the year 2016.

Chris Marks



CHRIS MARKS  
My Commission Expires  
December 28, 2018  
Cole County  
Commission #14632295